

APPLICATION FOR SITE PLAN APPROVAL

CONTACT INFORM	MATION
Property Owners(s):	Name: Address:
	Telephone Number: () Fax: ()
Applicant:	Name:
(if different from above)	Address:
	Telephone Number: () Fax: ()
Engineer/	Name:
Surveyor/	Address:
Architect:	
	Telephone Number: () Fax: ()
	Primary Contact Person:
TYPE OF APPLICA (Please check all that apply)	ATION Discussion - Informal meeting with Planning Board.
	■ Minor Site Plan – Less than 600 sq. ft. of additional exterior construction.
	☐ Major Site Plan ☐ Design Review Plan ☐ Final Plan
	Request for Waiver of Site Plan Review
	Request for Waiver of Specific Site Plan Requirements
	Other - (i.e. amendments and/or revisions)

SITE INFORMATION LOCATION: Tax Map Number Lot(s) ZONING D ROAD FRONTAGE ON: TOT BRIEF DESCRIPTION OF PROJECT: NAME OF EXISTING OR PROPOSED SITE PLAN:	
INSTRUCTIONS FOR SUBMITTING A COMPLETE APPLICAT	ION (Plaasa waad aanafully)
For an application to be scheduled on the next available Planning Board agenda, the Department of Planning & Community Development by noon (12:00 p.m.) on the or	e following items <u>MUST</u> be submitted to the
1. Completed and signed SITE PLAN APPLICATION FORM and The application will not be placed on the Planning Board agenda unless all respectively.	
sign the application form. 2. Five (5) prints of the site plan or site plan set. At least one (1) plan <u>MUST</u> be signed by the owner. All applicable informa <u>MUST</u> be shown on the plans. Owner's signature must be on at least one (1)	tion as described on the attached SITE PLAN CHECKLIST
application. 3. Application fee and Abutter Mailing Fees. These fees will be determined at the time you turn in the application. Fees a	
of certified mailings, which must be sent. All checks are to be made payable	e to the Town of Milford.
AUTHORIZED SIGNATURES	
Owner(s): I/We, as owner(s) of the property described hereon, certify that this application requirements in accordance with the Site Plan Regulations for the Town of Manning Board and its agents to access the property described on this application.	Milford. I/We also authorized members of the Milford
Name (please print) and Title	Date
• •	Date
IF APPLICABLE:	
IF APPLICABLE: Owner(s) authorization for Applicant or Agent to represent the application: The applicant or agent, as stated hereon, has authorization from the property property owner on matters relative to the Town site plan approval process.	owner to submit this site plan application and represent the
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Owner(s) authorization for Applicant or Agent to represent the application: The applicant or agent, as stated hereon, has authorization from the property property owner on matters relative to the Town site plan approval process. Owner's Signature Applicant's Signature: I acknowledge, as the applicant stated hereon, that this site plan application I applicable Town of Milford regulations, and that I am the designated represe plan application.	Date has been completed and submitted in conformance with all entative for the property owner on matters relative to this site Date ct): been completed and submitted in conformance with all

ABUTTER LIST

			roperty from the land under consideration. COMPLETE MAILING ADDRESS:		
MAP# LOT#	LOT#	PROPERTY OWNER	Town	State	Zip Code